OFFICE-BASED BUPRENORPHINE TREATMENT: IDENTIFYING FACTORS THAT PROMOTE RETENTION IN OPIOID DEPENDENT PATIENTS

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Background
Heroin and prescription opioid abuse is recognized as a persistent and pervasive worldwide public health issue. Buprenorphine, a long-acting partial μ-opioid receptor agonist, is a safe and efficacious office-based opioid treatment maintenance therapy for opioid dependence. Retention and relapse are the most significant challenges in opioid dependence.

Purpose
Compare retention time of opioid-dependent individuals receiving buprenorphine OBOT in the largest Southwest New Mexico Suboxone® clinic to identify sociodemographic and clinical characteristics that influence treatment outcomes.

Aim
Complete a comprehensive assessment of individuals who received buprenorphine therapy to identify and assess retention times and predictive factors that impacted program retention to improve clinical practice and patient outcomes.

Objectives
- Recognition of the most significant factors that promote retention time
- Identification of the characteristics found in the participants with longer retention
- Construct recommendations for the improvement of buprenorphine and buprenorphine/naloxone OBOT

Methodology
A retrospective cohort study and survival analysis of 350 participants prescribed buprenorphine in a public health office in Southwest New Mexico. Descriptive statisti and Fisher’s Exact tests for significance were used to characterize the sample. Kaplan-Meier survival analysis and Wilcoxon rank sum tests were used to measure retention and compare variables to identify factors that most significantly impact retention.

Results

Discussion
The sample was predominately male 232 (66%) versus female 118 (34%). Ethnicity was categorized as Hispanic 172 (49%) and Non-Hispanic 178 (51%). Their mean ± standard deviation (SD) of age at time of admission was 36.7 ± 11.5 years, with ages spanning from 18 to 75 years. Participants (N = 350) had a mean cumulative retention time of 65% at 30 days and 35% at 6 months. The study identified statistically significant relationships between drug of choice (p = 0.0001), intravenous drug use (p = 0.0001), presence of mental health disorder (p = 0.001), and pay source (p = 0.0001).

114 (33%) of the participants reported their drug of choice as opioid pills, 107 (30%) heroin, and 129 (37%) both opioid pills and heroin. Hispanics (42%) were twice as likely to use heroin as Non-Hispanics (20%). Additionally, Non-Hispanics (40%) were more likely to use opioid pills than Hispanics (24%).

Participants who partook in no intravenous drug use were retained in treatment for a significantly longer span of time when compared to intravenous drug users at 6 months (50% vs. 30%; p = 0.0001) and 12 months (40% vs. 20%, p = 0.0001).

Participants
- Male and females
- Age 18 and older
- Met DSM-IV-TR criteria for opioid abuse or dependence
- Enrolled in Southwest Pathways Suboxone® clinic from January 2008 to December 2011
- 366 met criteria, 16 excluded

Implications for Practice
A need for practice changes within the office, which include: screening for sociodemographic and clinical characteristics and increasing the frequency of office visits during the first 30 days of treatment. The data will be utilized to construct evidence-based practice changes. Buprenorphine prescription authority is limited to physicians. APNs must influence legislation and health care policy in order to promote, protect, and expand their role, while ensuring access to addiction services for the opioid dependent individuals we serve.

References
References will be available on a handout.

Acknowledgements
I would like to thank the faculty and support staff at New Mexico State University Department of Nursing and the New Mexico Department of Health, Public Health Division.